

**EMERGENCY INFORMATION**

**Completion and submission of this form is required of all participants in the Soccer Etc. International Camp.**

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Participant Name \_\_\_\_\_

Participant's Address \_\_\_\_\_  
Street City State Zip Code

Participant's Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Personal or Primary Care Physician \_\_\_\_\_

Physician Address / Phone \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

Person(s) to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_